

**Dr George Tsai**

*Specialist Periodontist*

BDS, BSc, MBA, DClinDent (USyd)  
FRACDS (Perio)

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*Specialist Periodontist*

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Periodontics & Implant Specialist Centre

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## Specialist Referral Letter

**Introducing:**..... **Phone:**.....

**Referred for:**

- |  |   |
|--|---|
| <input type="checkbox"/> Implant surgery & restorative       | <input type="checkbox"/> Implant surgery only             |
| <input type="checkbox"/> Periodontal examination / treatment | <input type="checkbox"/> Root coverage                    |
| <input type="checkbox"/> Mini Implants                       | <input type="checkbox"/> Soft tissue and / or Bone Grafts |
| <input type="checkbox"/> Crown Lengthening                   | <input type="checkbox"/> Frenectomy                       |
| <input type="checkbox"/> Recession                           | <input type="checkbox"/> Other                            |

**Enclosed:**

- PA       OPG       Other

**Preferred reporting format:**

- Electronic       Postal

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dr Name:** ..... **Date:**.....

**Dr Email:** .....

**Dr Phone:** .....